

Tom Welch  
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To Whom It May Concern;

In 1979 I was injured while driving a truck. The State of Montana, Worker's Compensation Court determined my injury to be permanent/partial at 50% disabled.

Since that accident I have succeeded in staying employed for most of that time.

However, in October of 2003, my injury started causing me extreme discomfort. I had to wait 5 months, until March of 2004, to get approval to have an MRI done. During that time I was given a leave of absence from my job in Idaho due to the pain and pain killers affecting my ability to perform the duties of that position. This would have been avoidable had Liberty Northwest been timely in approving my needed medical care. I was in debilitating pain for 5 months because they took that long to approve an MRI for my back. In fact, during this time, my massage therapist refused to treat me anymore without a doctor's order because she couldn't tell the difference between my muscle and my bone. I have never had so much pain for such a long time. Following the MRI I had surgery which helped me return to the job I nearly lost.

In July of 2006, I again had a relapse of pain. I requested permission for medical treatment from Liberty Northwest. I finally received it, 5 months later, in November. Their approval came in the same day as my appointment was cancelled. So after waiting three more weeks, I finally saw the doctor. But only one visit was approved. I then had to wait another two months to get approval for the recommended treatments. It was during this time that my new supervisor took me aside, pointed out that my performance had slipped and told me that I better get my back problem figured out.

I have had to suffer incredible pain for long periods of time because Liberty Northwest takes months to approve my medical treatments. Now that I have insurance through the U of M I have resorted to using my personal insurance and asking Liberty Northwest to reimburse them for the medical care that I need. In January I started vomiting blood from the iodine I was taking for several years due to my injury. As far as I know, Liberty Northwest has avoided paying for those medical bills also.

In closing, I wish to say that I still have employment in spite of Liberty Northwest. They have consistently stalled in approving my medical care when I was desperate for help. They have created obstacles and barriers that make it very difficult for me to remain self sufficient. They have even succeeded in getting a private insurance company to start paying for bills that should be their responsibility by putting me in that desperate situation. Finally, and perhaps most importantly, I want to add that I have had to have my attorney contact them each time before they will approve my medical care.

Please approve SB426 for me as well as the other injured workers who struggle with this type of treatment.

Sincerely,

Tom Welch

From: Jerry Luinstra <jermoe@3riversdbb.net>

Subject: SB 426

Date: Fri, 16 Mar 2007

To the House Business and Labor Committee;

Sirs;

I am a disabled farmer, my name is Jerome Luinstra, I am 57 years old and own Riverview Farm Inc. I live east of Choteau, Montana. I have always paid Work Comp. premiums to cover myself and any other workers I might employ.

I was injured in Nov. of 2000. Work Comp. sent me to doctors and on July 18, 2001 I had surgery on my back. I had posterior and anterior fusions on my lower back [S-1 through L-4 vertebrae] at the time my doctor said it would take a year to heal so my maximum medical improvement date was July 18, 2002.

All went well, or so I thought until April or May of 2002 when I received a letter from State Worker Compensation informing me I would not be receiving payments from them after June 1. I had no idea how I was going to survive without my twice monthly benefit check. I was not and would not be released to go back to work until in July. My doctor before my surgery had told me I was finished as a farmer that I would never be able to do the work required to be a farmer again. And my case manager over the phone said we can settle this claim with you for a modest sum if I would sign off on my claim.

I decided I needed legal advice after that conversation. I went to Thomas Murphy Law Firm. Tom Murphy is a good man he was one of the few lawyers who would still take on W.C. cases at that time. He made a couple of calls and wrote letters demanding my benefits be continued. In August I believe I received my payments for June and July and had to pay some money to Murphy law firm for the help.

During that time my girl friend [who I married in Oct. 2002] and my parents helped me to get by. I had a terrible time financially and I could not believe Work Comp. could treat me like this as all their ads were emphasizing how they cared so much for the injured worker and how the need for legal help in dealing with them had been eliminated.

At the time their [W.C.] policy was I believe that they were trying to settle all open claims. I thought I had one claim, my lawyer discovered I had twelve open claims, dating to 1986 when I had first injured my back. No mention of this had ever been made to me. Of course all the claims had to be put to rest and W.C. had never mentioned this fact to me. And I wonder what would have happened about those claims if Tom had not discovered them.

After the first injury it happened again a few times over the years, I would go to the doctor he would give me medicine and bed rest for a couple day then back to work. And some of the claims were not back injuries but things like an anhydrous ammonia burn, you know things that happen on a farm. I think I fell off a ladder painting a building once.

And I never filed a claim for lost wages on myself with these injuries figuring I would save W.C. money and I would pay myself my farm wages and go on. I can not imagine how workers with no resources at all can survive with such treatment. I will say they seemed concerned for my health and welfare until, as I stated they tried to cut me off of the benefits. And once they knew I had legal advice they became rather hostile. At that point my lawyer said he would do the talking.

As an employer who paid the premiums and as an injured worker I am disappointed. If it would have been one of my workers hurt and having these problems I would have been as equally upset. I paid a lot of money in premiums over the years trying to do right. I feel that the system is not benefiting the injured as it should. It tends to humiliate a person and destroy your self worth.

I dealt with W.C. on my own for 18 or more months and in the end I had the feeling they were trying to take advantage of me all along. They led me along. At first I felt like they were looking out for my welfare until they dropped the hammer on me.

As I reflect on that period of my life I realize I was lucky my girl friend, parents, son and neighbors helped me through a situation that was hard physically and mentally and financially. I was trying to put my son through college. I could not do it my parents put my son through school. And my father who is eighty five years old now would come out to try and do the work that was not getting done on the farm he loved, that had been his life. I had to quit farming. What we still own is in CRP for now.

I think the only people that benefit from W.C. are the executives who have received the large bonuses for supposedly fixing the problems that have plagued W.C. for years. Well they spin a lot I will say that for them. There are other problems I see with Work Comp., but I will keep this letter within the context of SB 426.

I urge you to pass SB 426 and I as a voter will be watching to see how my representative votes on this.

Sincerely,

Jerome Luinstra

March 20, 2007

Dear Ladies and Gentlemen of the Legislature;

My name is Debra Wolverton and I am writing this letter because I am an injured worker who supports Senate Bill 426, and I would like to bring to your attention some of the problems we injured workers face within the Workers Compensation system.

I was injured February 9, 1993 while working as a Railcar Switch person. I had just unhooked the last car onto a reserve track and was walking back to the train engine. The only place available to walk was on a crust of snow which was over one foot deep piled between the tracks. I happened to step into an air pocket in the crust of snow which caused me to fall into the foot deep space and my knee to hyperextend backwards at a sharp angle. The pain was so intense that I thought I would faint, I couldn't talk or stand, and broke out in a full sweat despite it being frigid temperatures outside. This is how my journey began through the workers compensation system.

My injury was unique because my tendons and ligaments didn't tear or come loose when the accident happened, they all stretched. When the Doctors would examine me they would have me sit with my legs straight out in front of me and by holding onto my toes they would lift my leg; from the knee down it would raise well over 30 degrees before my thigh would begin to lift off of the surface. This was without any force, if they applied any force it could and would go even further backwards, but became too painful for me to endure. Because of the uniqueness of the injury the Doctors didn't have a well laid out plan on how to deal with my condition. Finding a Doctor was a challenge on two fronts; the first challenge was to find one to deal with my injury and the second challenge to find one that would deal with a Workers Compensation case. Some doctors refused to even talk with me because my case involved Workers Compensation. This was extremely frustrating to be told that a certain doctor is very good in an area or specializes in an area that may be beneficial to me and not be able to get an appointment with them because my case was Workers Compensation.

Initially I trusted the Workers Compensation system, I thought as long as I did everything that I was asked to do, everything would be fine. Not knowing what my options or rights were I trusted the adjusters to guide me. But the guidance was always very one sided, it was always focused on the companies dollar rather than my best interest. I soon found out that some of the most reliable information was to come from other injured workers who had already been through the system. Example: after months of traveling to medical appointments and a substantial amount of miles, another injured worker asked me if I knew that I was to be reimbursed for my mileage. Until that moment I didn't know that I could be, but when I asked my adjuster about it I was informed that a large portion of my mileage was outside of the 90 day deadline and that I could not be reimbursed for anything before that. So by not knowing what specific questions to ask and not being informed of my rights and/or benefits by my adjuster, I gave up benefits that were rightfully due. To this day I don't know what or how many other rights or benefits I gave up unknowingly. I am but one case of how many other injured workers, is this how the system saves dollars and helps the workers?

I have learned to keep very detailed records of my case in order to make sure what I was being told from the adjusters was on track with what really happened. In essence I was trying to stop as many errors as I could, but no matter how much I documented it never seemed to be enough. With each change of adjuster, 12-14 different adjusters in my case, information was lost or misinterpreted. I would have to start completely over with each new adjuster, and many times they would interpret my

benefits differently, which meant more paperwork, interruption, or ending of benefits. Years after my injury and after many different adjusters I was still having to explain my case over and over to new adjusters, at one point I had three different adjusters assigned to me within a two week time frame.

Each new adjuster would call me, most not very politely, inform me that the conversation was being taped, and not really asking but demanding that I explain to them all of the details, dates, and findings of my case. So when ever I answered a phone call from the adjusters I was suppose to remember all of the pertinent information of my extensive file that was many years old at the drop of a hat with no prior notice over and over again. It was too much. The whole process is overwhelming, confusing, emotional and physical taxing. The third adjuster in that two week time frame tried to run the same routine on me, but I had had enough, I told her to read my file and after which if she had anything that she needed clarified she could call me and I would look it up and get back to her with the details. At this point she informed me again that I was being recorded and I told her that I hoped so, and I promptly hung up.

I am an intelligent person but I was exhausted from trying to find my way though the process without any guidance from someone with my best interest in mind. At this point I decided I couldn't do this by myself anymore and that I needed to hire an attorney. This too proved to be quite a challenge, I was turned down by several attorneys for reasons from; "your case will take to long", or "not enough money in your case for the amount of work it will take over the years" or various other reasons before I finally found an attorney to represent me. But by that time I was a wreck both physically and emotionally.

Even after many years of being in the Workers Compensation system, I must analyze each and every bit of information in all correspondence from Workers Compensation and/or the Adjusters for would be ways to deplete my rightful benefits. Example: In what was presented to me as a couple of forms that I needed to sign to agree to my MMI benefits; one of the forms was actually a form to permanently settle my claim, which would have denied me of any future rightful benefits. I didn't understand or feel comfortable about some of the language on the forms so I took them to an attorney. The attorney informed me as to what the forms really were and advised me not to sign them. As Workers Compensation owed me my MMI benefits even if I didn't permanently settle my claim. Workers Compensation adjusters and I are both aware that I will need more surgery in the future. So if they could have gotten me to sign their form it would have saved them money no doubt, but at who's expense? At my expense, the injured worker, the worker who did nothing wrong, the one whose life has been forever changed, the one that didn't chose to be in the system, the very one that the system was set up to help.

Not only is my life forever changed because of my injury, in which I can no longer do many things that I loved doing before the accident, but I was also forced to give up a high paying job with benefits to live on a small percentage of my previous earnings, which many times are late or don't come at all, while I recuperated. When the benefits are late or don't come at all, it forces me to call, write, fax, e-mail, or most times all of the previously mentioned in order to get someone from Workers Compensation to respond and find out what happened to my benefits. This takes a lot of energy and effort on my part, but seems to be part of the norm by Workers Compensation standards, as even the attorney's don't seem rattled by it, its more or less expected as something that happens.

I have been told by my adjusters that I was mysteriously booted from the system and that is why my benefit(s) were cancelled. I believed that the first time. After the third, fourth or what ever number of times we are now on, it gets rather frustrating. My husband and I were forced to deplete our savings

account just to make ends meet or try to fill in the gaps when the benefits are late or missing. Thank god we were frugal enough and had the foresight to have a savings account in the first place or we could have lost everything that we've worked so hard for. I am sure that there are others that are not so fortunate. On top of that my husband has also lost a large amount of wages, of which we will never be reimbursed, from having to take time off from his work to assist me during my convalescences. What do we injured workers have to do in order to receive our benefits in a timely manner?

I have lost a way of life that I loved, had to endure excruciating physical pain, go to numerous medical appointments, panels of Doctors, Neurologist, Psychologist, third and fourth opinions, through painful surgeries and therapy, wade through daunting amounts of paperwork, answer what seemed to me as harassing phone calls from rude Workers Compensation employees, all in order to get through the system. A lot of wasted time and energy to prove an injury that is the same as was stated from the very first and something that couldn't be faked.

Enough time has elapsed in my case that I have also ruined my good knee compensating for my injured knee, creating even more physical pain for me and more issues to deal with for Workers Compensation. In essence the Workers Compensation own system cost them more money. I am glad that I didn't have anything that was terminal or I could have died before this complicated process addressed my problem, my fear is that there are other injured workers that are shorter on time that won't make it through the system. The system has many flaws, I have just touched on a few, but I bet if each of you had to go through what we injured workers have to go through there would be many changes made fast.

Why should the injured workers be forced to give up benefits because they didn't know what questions to ask? Why should we injured workers be forced to hire an attorney to guide them through the system just to get the benefits that are already rightfully ours?

Why shouldn't we injured workers have the choice to choose our own advocates to help us through the system, someone that we felt would truly have our best interest in mind? Instead of someone that is suppose to be our advocate but who is paid by the insurer and/or company and who is focused on trying to limit as many payments flowing out as possible at the injured workers expense.

Why shouldn't we injured workers be able to switch our advocates if we feel they aren't doing their job to help us through the system? Why should injured workers be turned away from qualified Doctors for treatment, because the hassles and paperwork for the physicians dealing with Workers Compensation are so overwhelming? Why should the Doctors that choose to treat the injured workers be forced to take a portion of their fees because the injured workers case went to trial?

Why should the first reliable information about the Workers Compensation system come from other injured workers who have already been through the system? Isn't the system set up to help the injured workers? Wasn't the system set up to stop the lawsuits of the injured workers towards their companies? So what is the purpose of this system if the only way an injured worker is to receive their rightful benefits is to hire an attorney who is willing to put in many years fighting for those very benefits?

With all of the intelligence that we have elected into the legislature I hope that you can see the way to make some positive changes to this very flawed system. Help the injured workers mend the fences with their Doctors so they can get care once again. Help the injured workers claim the right to choose their own advocates. Help the injured workers get a raise in their benefit amounts so they don't have to

loose everything that they have worked so hard for. Help the injured workers focus on healing their bodies instead of trying to detect hidden traps.

If benefits are wrongly denied help make the insurance companies pay the attorney fees instead of the injured worker. It is too late for my case; for I have 14 years of scars, but I hope that you will take a moment and think how this process would affect you or your loved ones at a time of injury and pain. Ladies and Gentlemen in this day and age there has to be a better way and I know that you can put your heads together and find it.

Thank you for your time and consideration.

Sincerely,  
Debra Wolverton  
27605 Gray Wolf Dr  
Arlee, MT 59821  
406-726-3172

March 19, 2007

To: Members of the Montana House Business and Labor Committee  
Re: Senate Bill 426

Dear Members,

My story is a long and complicated one, so I will try my best to tell it to you with out having to write a novel. In May of 2003 I had been employed for over two years in a field I loved, working as an Assistant Curator/Register at a contemporary Art museum. The job was both mentally and physical demanding, the pay was enough to get by on with a little extra, but I didn't mind because I was doing something I truly enjoyed. I was able to purchase a house and able to support my son with out any assistance. We were happy.

May 2003, I was working on an exhibit that was hanging from the ceiling and for two weeks was basically working on a ladder with my hands over my head. By the time of the opening of the exhibit I could barely move my left arm. So I went to the doctor and was treated for strained muscles. In the weeks that followed I tried rest, medications and physical therapy, yet the injury was not healing, so I was referred to another doctor who determined after x-rays and an MRI that the cause was injury to the C5-C6 spinal disks. The doctor sent his findings to State Fund also recommending I have spinal fusion surgery. State Fund decided to deny coverage of the neck stating "that it would have happened eventually", but they would continue to pay for treatment of my shoulder. I had return to work with in two weeks of the injury doing a modified job since I had lifting restrictions and by the time State Fund had determined they would cover the shoulder only it was becoming winter.

On a snowy Monday in January 2004 my real nightmare with State Fund begins. The maintenance man had the day off and our newly hired executive director from Georgia did not have enough sense to get someone to shovel the walkways, so the building was a mess with water puddles throughout the building especially in the stairways. I had returned from lunch and a visitor had volunteered to shovel the walks, so I showed him where the shovels were kept and went upstairs to my office to drop off my coat and purse. As I was going down the stairs to finish putting up an exhibit I hit a water puddle on one of the steps, my feet flew out from underneath and I went down four steps. As I was going down instinctively I put my left hand out to catch my fall, my wrist hit the edge of the riser shattering it, my other hand was still holding the railing. Since I had just returned from lunch I had to wait 8 agonizing hours before my new doctor could perform surgery on my wrist. He had to put a stainless steel t-shaped plated in my wrist to hold it together since the bone had shattered into hundreds of tiny pieces. I should also mention that I am left-handed.

After a week and a half I returned to work, my job being even more modified since I could not write and dared not lift valuable artwork one handed. I felt that I had to return



to work because we were a small staff with many duties each and I knew I was burdening the other employees who were covering for me. Things seemed to be going well at my job, I was given a promotion of sorts which allowed me to use volunteers and begin an intern program with local university. I was becoming quite fast at typing one-handed and my right-handed writing was become more legible. Then the museum lost funding because of a tax protest by a large company and in May of 2004 I was laid off.

I was devastated. I was eligible collect unemployment and I did look for employment, but know one seemed want to hire some one with my present visible injury. How was I going to find a job when I could barely write, let alone type? I had a lot of experience in the food industry yet I could not even wait tables because by now I was on a five pound lifting restriction. I was still wearing a wrist brace on my left hand, but I was having trouble with both my hands because of the neck injury. When I fell I aggravated the original injury. The cause of my shoulder problem was now affecting the healing of my left-wrist and also affecting my right hand. I dropped things all the time. I was becoming weaker and in constant pain. It was now November; my unemployment was running out, I still had not been able to find a job. I was still unable to convince State Fund that fixing the cause of my problems would be more beneficial to both me and them rather than the long term treatment of the symptoms. So I contacted a lawyer and told him my story.

My lawyer, Mr. Thomas Murphy had his work cut out for him. He was able to get Worker's compensation benefits for a short time, but when my wrist doctor, based on the wrist injury only stated I was able to return to work, and my shoulder doctor, based on my shoulder injury also said I could work I lost those benefits. Both doctors agreed my neck injury needed to be treated but as one of them told me "He was not suppose to even talk to me about the neck because State Fund could deny payment for that visit." Mr. Murphy was able to get State Fund to pay me a settlement for the wrist of which he took his well deserved 20 percent fee. He could have taken 20 percent from my weekly benefits but he did not.

March 2005, 22 months later, I am still unable to find work, the pain is getting worse, some days I could barely hold on to anything. No income, a child to support, I finally get permission to see yet another doctor for my neck. He recommends surgery, spinal fusion of the C5 and C6 disks and State Fund eventually agrees. On June 6, 2005, I have the surgery. Worker's Compensation benefit are reinstated and I am facing a six to nine month recovery period. At six months the neck doctor says I could go back to work. But since my job is no longer there State Fund sends him a list of jobs and he picked out a few that he thought I could do with no problems, examples are a Customer Serve Rep or a graphic designer. OK so I go job hunting again, my hands are getting better I still drop things but not as much as before the surgery, the pain is not a constant but more of a feeling of pressure with occasional pain, but guess what, I do not have the skills or training to do the jobs my doctor picked out for me. And then at my nine month check up he tells me he doesn't think the surgery has been a success. The surgery which involves screwing a metal plate into the two disks and placing a bone chip in between to fuse the dicks together is not fusing like it should. He thinks the chip is being absorbed into my

body and wants me to take it easy and slow for the next three months and if there is not a significant improvement by June he may have to do the surgery again.

So now what do I do, go looking for employment only to tell a new employer (if I am lucky enough to get a job), that I may need six to nine months off here shortly to have more surgery done. Screwed again, no benefits will be reinstated because the neck doctor said I could go back to work at six months even though I need to take it easy at nine months. Thank goodness for Mr. Murphy and my family because during this time, I was really scared that my son and I would lose the house and have to live in the car which I own outright.

I went nine months without any income. My family helped with some of the bills and Mr. Murphy continued to work to get me some kind of benefits or a settlement. I took out a student loan and went back to college in January 2006. Since I already have a BA I am unable to get grants, so why not go deeper in debt if it will help me become more employable. One year from the date of neck surgery I am proclaimed as healed as I will ever be. Mr. Murphy asks for a settlement and some back benefits, State Funds say no, they have paid me all they think I am entitled to. They tell me that they will not help in training me for a new job even going as far as to suggest I get a Graphic Design for Dummies book and get a job. After several mediations State Fund decides to set up an appointment with another doctor to find out the scope of my impairment. I have an impairment rating of 26%. Mr. Murphy made another request for a settlement and State Fund agreed to half. I took the offer knowing I could not wait until January to take it to court. Without Mr. Murphy I do not know what I would have done. I am so grateful to have found him.

We were once a happy healthy family. These past few years have taken their toll. I am still in pain with good days and bad. I still fight depression and I am deeply in debt. My son has also been a victim in this. He has watched me go from happy healthy active mom to one who is in great pain unable to care for him like I used to. He has quit sports because I could not afford the equipment and was unable to go to his games when he was playing. At eight he had to take on more responsibility than an eight-year-old should have to. He is now ten going on twenty. The sad part is that it all could have been settled years ago.

Thank you for listening to my story. Oh did I tell you I am also an artist, an artist unable to draw any more, it is too painful.

Julie A. Stevenson  
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Joel Overton  
700 Tenneson RD  
Helena, MT 59602

To: House Business and Labor Committee  
RE: Senate Bill 426

I would respectfully bring to your attention a dilemma that has been brought to my attention with the introduction of Senate Bill 426. I worked for the Helena School District in the maintenance dept. for 23 years, and then I was struck with occupational disease. I was refereed by my family physician to an orthopedic surgeon. This surgeon told me that I was suffering from bone spurs in my shoulder and that I need to contact my Worker's Compensation representative.

This surgeon scheduled tests to determine how bad my bone spurs were, I communicated this information to the WC representative, **and before I had my appointment for my MRI, I received a letter with a large red DENIED stamped across my claim.**

I called my employer to explain the situation, and to ask for help as I never had to use this employee right. I was informed that I was on my own and not to expect any aid from the personnel office. I was never informed as to my rights and responsibilities' pertaining to making a Worker's Compensation Claim from my employer. I truly felt adrift with no direction to turn and the impingement on my left shoulder increasing both pain, loss of muscle mass and mobility.

After conferring with several family members I was forced to make a decision. Do I try to fight a multimillion dollar company with full-time lawyers on their staff? Having their attorneys dissects every written or spoken word, and then do I try to research all the laws that relate to my dilemma? These thoughts were far too daunting for me and my wife to attempt. I was forced by this employee right to seek an attorney.

After securing an attorney my troubles did not end there. Meetings with Employment Relation Division were set and then continually canceled and rescheduled with this worker's compensation company. Then after several cancellations the company would agree to the terms prior to an arbitrator's decision. This decision was made the day before the scheduled arbitration. My much needed surgery was put off by months because of this tactic.

This tactic was also used when it came to the retraining aspect of my claim. My schooling was delayed by a semester.

This caused a great deal of unnecessary stress, when I needed to focus on healing and moving on with my life. I was forced to continually fight for every right that I had earned in my twenty-three year work history. I hope this bill passes, giving Montanans a shoulder to lean on.

Respectfully,  
Joel Overton

From: <cjrowell@netscape.com>  
To: <donjudge7@hotmail.com>  
Subject: senate bill 426  
Date: Sun, 18 Mar 2007 12:49:55 -0700

I'm writing in favor of bill 426. There are a lot of people that end up not getting the help they need because they don't really want to turn in their injury's being afraid of losing their jobs. In the long run as they get older and the injury is bothering them more and not knowing where to turn we have to get an attorney to do our bidding for us. Which I am going to be one of them soon.

I have worked all these years because I needed the insurance. The one thing I have learned is most of the company's you work for don't really give a shit if you are hurt. I am at the point I can't hardly walk or in pain from my back.

Please pass this bill. So the one's that need help can get it.

Sincerely Jana Rowell

To: *donjudge7@hotmail.com*  
Subject: *Senate Bill 426*  
Date: *Fri, 16 Mar 2007 16:10:58 -0600*

Dear Mister Judge:

I fully support senate bill 426.

I was injured at work in December, <sup>1998</sup>~~1988~~ and was on workers compensation because of that injury. I am permanently on Social Security disability because of that injury. Liberty Mutual cancelled and refuses to pay my current doctor and medication bills under the erroneous conclusion on their part that I reinjured myself at some point.

I have been to mediation which was a huge joke and will have to probably go to court without a lawyer because I can't afford one. They sent me to their doctor (who was supposed to be impartial) a couple years after the accident and the mediation court accepted his diagnosis, but wouldn't accept my current doctor's examination and opinion because it was "after the fact". Their doctor's evidence was also obtained "after the fact", but that is apparently alright.

What this really is all about is an insurance company trying to get out of paying me what I have legally coming, so they can save a few dollars. I would love to have representation in this matter and if Senate Bill 426 would afford me and others in this pursuit I strongly support it for justice sake.

Carl E. Ryan  
302 Stewart  
Anaconda, MT  
59711

406-797-8886

From: <abf87@bresnan.net>  
To: <donjudge7@hotmail.com>  
Subject: SB426 letter to House  
Date: Tue, 20 Mar 2007 14:24:00 -0600

I've been there and still are there. This bill would be of great benefit to injured workers as well as keeping the responsibility where it belongs (the company and the insurer). It would help Social Security.

I was injured Dec. of '89. Tried to work with the Company but they just used it against me. Finally saw I needed assistance and went to an attorney. But the '88-'89 Work-Comp clean-up had already been in the pan on fire, but no one knew about but those in control. I was too sick to see or hear the details till it was too late about how deep my injury would go. I don't want this to happen to others.

My wife is and has been stuck with the mess put in our laps by the company ever since I was injured (which is a permanent and ongoing issue). The older I get more things go wrong with my Spine Health, which affects my health as a WHOLE. And a money hole it is. The Company (Con-Agra) knew this, that's why they took all the help they could to BURY me, as they put it.

I was put on Social Security and Medicare. Thank God for them, but it's not their responsibility. The responsibility belongs to the Corporation and their Insurer. If the Corporation and the insurer were held responsible all this time my Health wouldn't be so deteriorated inside, I would be able to work at least part-time to help out and not be constantly battling with Chronic-Pain Issues and looking for (HOPING) for new surgical techniques for the spine that are safe and helpful at the same time.

I've had at least 6 operations to keep me afloat so to speak. I need at least 4 to 6 discs corrected at this time. Waiting for the first surgery for 3 years did not help matters. The company DID NOT WANT the Country to find out what they did to me. So far they've gotten their wish, while my Family and I continue to suffer the losses. I go without seeing doctors and surgeons to keep from putting more pressure on my Wife with bills and expenses. My only options are out of state for possible surgical intervention. In the meantime medications are eating at my organs to help me cope with the PAIN.

Truthfully,

Richard Blount

Dear Don, please excuse my letter technique, if you need more let me know. I hope this can be used to help others from ending in my situation. Sincerely, Richard Blount



**WESTERN MONTANA**  
**BUILDING AND CONSTRUCTION TRADES COUNCIL**  
IN AFFILIATION WITH  
**BUILDING AND CONSTRUCTION TRADES DEPARTMENT**  
**AMERICAN FEDERATION OF LABOR—CONGRESS OF INDUSTRIAL ORGANIZATIONS**  
208 EAST MAIN STREET • MISSOULA, MONTANA 59802

**House Business and Labor Committee**  
**SB 426**

Mr. Chairman, Members of the Committee, My name is Tom Tanner. I am the Business Agent for the Ironworkers Local 14 and the President of the Western Montana Building and Construction Trades Council. I submit this written testimony in support of SB 426.

When a worker gets injured on the job there are so many struggles they have to face; physical, emotional, and financial. The injury by itself is often devastating and life-altering. The emotional toll on the worker and the family can often be very intense as well. Many workers face financial catastrophe when they are unable to earn full wages.

It is an undo burden on good working men and women to cause them to have to pursue their coverage in court while injured and facing so many struggles. To follow that even further by leaving the worker with the court costs of that effort goes against everything decent and logical.

If the determination of ineligibility was wrong, then the burden of cost lies where the wrong determination was made. This is a good bill that is fair to injured workers and raises the stakes for making accurate determinations as well. I urge you to support it.

Thank you,

Tom Tanner

